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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	To be assigned
Filing Date	Herewith
First Named Inventor	Tomoki KATO
Title	Quinobnecarboxylic Acid Compounds Having 5-HT ₂ Receptor Agonistic Activity
Art Unit	To be assigned
Examiner Name	To be assigned
Attorney Docket Number	PC26223A

I hereby appoint:

☒ Practitioners at Customer Number

28523

OR

☐ Practitioners named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Tomoki KATO

Signature

Tomoki Kato

Date

May 22, 2006

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 4 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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SIGNATURE of Applicant or Assignee of Record

Name

Kiyoshi KAWAMURA

Signature

Kiyoshi Kawamura

Date

May 11, 2006

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SE/96).**SIGNATURE of Applicant or Assignee of Record**

Name

Mikio MORITA

Signature

Mikio Morita

Date

May 11, 2006

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name

Chikara UCHIDA

Signature

Chikara Uchida

Date

May 15 / 2006

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